Fill in	this information to identify your case.	RORE		4 1			only as directed in this form and in
Debtor	Patrick James DENNIS				Form	122A-1Sur	op:
Debtor	First Name Middle Name	Last Name			1 1.	There is no	presumption of abuse.
Debtor:	2 if filing) First Name Middle Name	Last Name					tion to determine if a presumption of
	States Bankruptcy Court for the: Central District of Califor					abuse appli	es will be made under <i>Chapter 7</i> t <i>Calculation</i> (Official Form 122A–2).
Caca n	umber <u>9:17-bk-11830-PC</u>				□ 3.	The Means	Test does not apply now because of
(If know	n)	-					litary service but it could apply later.
					☐ CI	neck if this	is an amended filing
Offic	ial Form 122A-1						
			-4 84-	41.1			
Cha	pter 7 Statement of Your	Curre	nt Mc	onthi	y Ir	come	12/1
Abuse	have primarily consumer debts or because of qual Under § 707(b)(2) (Official Form 122A-1Supp) with	this form.	y 361 VICE, 1	complete	and n	ie Stateme	m or Exemption nom Fresumption (
Part	1: Calculate Your Current Monthly Income						
1. Wh	at is your marital and filing status? Check one only	f.					
A	Not married. Fill out Column A, lines 2-11.						
	Married and your spouse is filing with you. Fill our	t both Column	ns A and B,	lines 2-1	1.		
	Married and your spouse is NOT filing with you.	ou and your	spouse ar	re:			
	☐ Living in the same household and are not leg	gally separate	ed. Fill out l	both Colu	ımns A	and B, lines	s 2-11.
	Living separately or are legally separated. Fit under penalty of perjury that you and your spous spouse are living apart for reasons that do not in	se are legally	separated (under nor	nbankrı	uptcy law th	at applies or that you and your
FII	in the average monthly income that you received	from all sou	rces, deriv	od durin	g the 6	full month	s before you file this
ba	nkruptcy case. 11 U.S.C. § 101(10A). For example, it gust 31. If the amount of your monthly income varied of	f you are filing	on Septen	nber 15, t	he 6-m	onth period	would be March 1 through
FIII	in the result. Do not include any income amount more	e than once. F	or example	, if both s	pouse	s own the sa	ame rental property, put the
inc	ome from that property in one column only. If you have	e nothing to re	eport for an	y line, wn	ite \$0 ir	the space	
					Colur		Column B Debtor 2 or
					Doon		non-filing spouse
	ur gross wages, salary, tips, bonuses, overtime, a fore all payroll deductions).	nd commissi	ons		\$	0.00	\$
	mony and maintenance payments. Do not include plumn B is filled in.	ayments from	a spouse i	if	\$	0.00	\$
	amounts from any source which are regularly paid						
	you or your dependents, including child support. In an unmarried partner, members of your household,						
and	d roommates. Include regular contributions from a spo					0.00	
fille	ed in. Do not include payments you listed on line 3.				\$	0.00	\$
	t income from operating a business, profession,	Debtor 1	Debtor 2				
	farm oss receipts (before all deductions)	\$4,130m	\$				
	dinary and necessary operating expenses	- \$2,832	- s				
	t monthly income from a business, profession, or farm			Copy here	_{\$} 1	,298.00	\$
s No	t income from rental and other real property		Debtor 2	HOIG #			·
	oss receipts (before all deductions)	\$897.Q	\$				
Ord	dinary and necessary operating expenses	- \$108.0 1	- \$				
Ne	t monthly income from rental or other real property	s789.0€	e	Copy here	\$	789.00	\$
		Ψ	Ψ	Iroi G			

7. Interest, dividends, and royalties

		Column A Debtor 1	Column B Debtor 2 or non-filing spouse						
8.	Unemployment compensation	\$ 0.00	\$						
	Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:								
	For you \$ 0.00								
	For your spouse\$								
9.	Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$0.00	\$						
10	Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.								
	None.	\$0.00	\$						
		\$0.00	\$						
	Total amounts from separate pages, if any.	+ \$ 0.00	+\$						
11	. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$_2,087.00	\$ 0.00 = \$ 2,087.00 Total current						
P	art 2: Determine Whether the Means Test Applies to You		monthly income						
12	Calculate your current monthly income for the year. Follow these steps:								
12	12a. Copy your total current monthly income from line 11.	Col	py line 11 here→ \$ 2,087.00						
	Multiply by 12 (the number of months in a year).		x 12						
	12b. The result is your annual income for this part of the form.		12b. \$ 25,044.00						
13	. Calculate the median family income that applies to you. Follow these steps:								
	Fill in the state in which you live.								
	Fill in the number of people in your household. One (1)								
	Fill in the median family income for your state and size of household								
	instructions for this form. This list may also be available at the bankruptcy clerk's office.								
14	. How do the lines compare?								
	14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3.								
	14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption</i> Go to Part 3 and fill out Form 122A–2.	ion of abuse is deter	mined by Form 122A-2.						
P	art 3: Sign Below								
	By signing here, I declare under penalty of perjury that the information on this sta	tement and in any a	ttachments is true and correct						
★ /s/ Patrick James Dennis ★									
	10 1/2	nature of Debtor 2							
	10/20/2017								
	Date MM / DD / YYYY	MM / DD / YYYY	-						
	If you checked line 14s, do NOT fill out or file Form 122A, 2								
	If you checked line 14a, do NOT fill out or file Form 122A-2.								
	If you checked line 14b, fill out Form 122A–2 and file it with this form.								